

**GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM**

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

**SECTION I****INSTRUCTIONS**

- To change information for existing accounts:
  - Complete Section II with the type of request. \*\*\*\*\*Fill in only the applicable fields to be updated.\*\*\*\*\*
  - Fill in individual Government Card number: 4468 0000 0000 0000
  - Fill in the cardholder's name as it appears on his/her Government Card: Tina Smith
- Approved copy to be maintained in Agency/Organization Program Coordinators files.
- Fax to (904) 954-8710 or mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134
- All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.

**SECTION II****TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)**

- ☒ A. Cardholder Information Change (Section III) ☐ F. Cash Advance Limit Change (Section V)
- ☐ B. Hierarchy Change (Section IV) ☐ G. Number of Transaction Limit Change (Section V)
- ☐ C. MCC/Blocking Change (Section V) ☐ H. Account Closure (Section VI)
- ☐ D. Dollars per Cycle Limit Change (Section V) ☐ I. Other Changes: Change of last name
- ☐ E. Dollars per Transaction Limit Change (Section V)

**SECTION III****CARDHOLDER INFORMATION (Please Print)**

*Last Name of Cardholder		*First Name		*Middle Initial (maximum 20 characters)	
Agency/Organization Name (maximum 24 characters)					
*4th Line Embossing (maximum 20 characters)				Social Security Number	
Home Mailing Street Address Line 1 (maximum 36 characters)				Home Phone	
Home Mailing Street Address Line 2 (maximum 36)					
City		State		Zip Code Country	
*Business Mailing Street Address Line 1 (maximum 36 characters)				Business Phone	
*Business Mailing Street Address Line 2 (maximum 36)					
City		State		Zip Code Country	
Email Address					
Fax Number				Discretionary Code 1 (maximum 12 characters)	
Discretionary Code 2 (maximum 20 characters)				Discretionary Code 3 (maximum 20 characters)	

**SECTION IV****REPORTING PARAMETERS**

Current Reporting Hierarchy: \_\_\_\_\_

New Reporting Hierarchy: \_\_\_\_\_

New Card Delivery ID#: \_\_\_\_\_ (maximum 5 characters)

**SECTION V****AUTHORIZATION PARAMETERS**

New Dollars per Cycle Limit \_\_\_\_\_ Convenience Checks Y \_\_\_\_\_ N \_\_\_\_\_ 2 Books \_\_\_\_\_ 6 Books \_\_\_\_\_

New Dollars per Transaction Limit: \_\_\_\_\_ If eligible for Convenience Checks, maximum payment amount equals \_\_\_\_\_

New Number of Transactions per Cycle NA Day: NA ATM Access: Y \_\_\_\_\_ N \_\_\_\_\_ Access Limit Daily: \_\_\_\_\_ Weekly \_\_\_\_\_ Cycle \_\_\_\_\_

New MCC Template Name: \_\_\_\_\_ Travellers Cheques (Travel): Y \_\_\_\_\_ N \_\_\_\_\_

**SECTION VI****ACCOUNT CLOSURE INSTRUCTIONS**

- A/OPC needs to advise cardholder to destroy their card (s).
- A/OPC needs to advise cardholder to destroy any unused convenience checks.

**SECTION VII****AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE**

\*Approving Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_